MICHIGAN Immunization Update

Spring/Summer 2003 Vol. 10, No. 2

Collaboration is working in Monroe County

In December 2001, Patsy Bourgeois, R.N., B.A.S., Clinic Nursing Supervisor at the Monroe County Health Department, met with a number of her colleagues to discuss their immunization rates. The year 2001 was quickly drawing to a close, and they were not happy with their immunization rates as measured by the Michigan Childhood Immunization Registry (MCIR). According to MCIR, only 17 percent of the 19- to 36-month-old children in Monroe County were fully immunized. Everyone agreed that action needed to be taken to increase the immunization rates in Monroe County.

It is important to keep in mind that this immunization rate reflects the immunization records of children who are in MCIR and who are fully immunized. Immunization coverage levels measured by MCIR are a function of the amount of immunization data being provided to MCIR by local health departments, physicians and other health care professionals.

Monroe County immunization staff initiated discussions with the Southeast MCIR (SEMCIR) regional coordinator and decided that the Monroe County Health Department would be used as a case study. One of the primary goals of this project was to form effective partnerships between the health department and physicians in the community with the ultimate goal of increasing immunization levels throughout the county. In January 2002, SEMCIR assigned a MCIR staff person, Sallee Burns, R.N., B.S.N., to the Monroe County Health Department.

The project had three main objectives:

1) Assess the current community immunization practices.

2) Create a plan of action for increasing data submission to MCIR.

3) Implement the plan of action.

Sallee Burns began working with physicians throughout the county, and she has continued to work closely with them for well over a year now. As she assesses the community's immunization practices, she analyzes both the strengths and weaknesses of each office throughout the county. One of her strategies is to identify an immunization champion in each office. Staff who take on the informal role of immunization champions are most successful if they appreciate the value of MCIR, demand a high level of accuracy, and understand the benefits of MCIR for both the office and the children.

The immunization rates, as assessed in MCIR, have increased substantially in just a little more than a year.

Sallee Burns, RN, BSN, and Patsy Bourgeois, RN, BAS, shared their experiences at the National Immunization Conference

In March 2003, Sallee Burns and Patsy Bourgeois gave a presentation at the National Immunization Conference in Chicago to share their experiences with building successful collaborations between the local health department and private health care providers in Monroe County. The presenters shared a number of the secrets to their success. One of their key strategies has been to work closely with private providers with an emphasis on being truly available to providers.

Although the immunization levels in MCIR still have a way to go in this county – as is true throughout many counties in the state – the rates have increased substantially in just a little more than a year. From December 2001 to April 2003, Monroe County's

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Inside

Michigan Department of Community Health
MDCH
Jennifer M. Granholm, Governor
Janet Olszewski, Director

Recording hepatitis B birth dose in MCIR is simple

(Borrowed from the MCIR Region 4 Update newsletter)

Nearly all of the birthing hospitals in Michigan currently use software that can easily be used to record the administration of the birth dose of hepatitis B. Once the birth dose of hepatitis B vaccine has been entered into the Electronic Birth Certificate (EBC) software, it will be included in the child's immunization record in the Michigan Childhood Immunization Registry (MCIR).

If the birth dose of hepatitis B is administered after the EBC data is sent to the state, this should be reported directly to MCIR. Hospital staff who are not familiar with this reporting process may contact their MCIR regional coordinator for additional information. If the birth dose of hepatitis B is not recorded, the child's immunization record in MCIR will be incomplete and could result in the child receiving too many immunizations.

Along with hospital staff, private providers also play an important role in documenting the birth dose of hepatitis B. On occasion, hospital staff may miss the opportunity to add the birth dose in the EBC. If this dose is missing in MCIR when a child presents in the provider's office (with a green immunization card showing that the birth dose was given), it is then the provider's responsibility to add the birth dose to MCIR. The failure to add the birth dose to MCIR will affect both the assessment of the child's immunization status, and the provider's overall immunization rates, as reported by MCIR.

For more information on documenting the birth dose of hepatitis B in the Electronic Birth Record, contact your MCIR regional coordinator. Toll-free numbers for each region are included on page 17.

Monroe County

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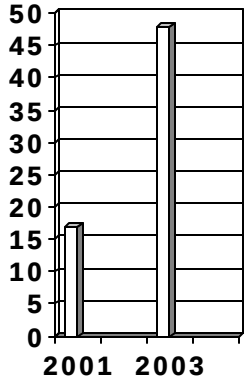
immunization rate, as assessed in MCIR, has increased by 31 percent (from 17 percent to 48 percent).

Throughout this process, Sallee, Patsy, and other staff members, have emphasized the importance of having a "can do" attitude with regard to problem solving. As Sallee said during her presentation, "barriers are problems that don't yet have a solution." With this kind of positive attitude, it's no wonder that the immunization levels in Monroe County are on the rise.



The immunization rate in Monroe County, as assessed in MCIR, increased by 31 percent (from 17 percent to 48 percent) from December 2001 to April 2003.

HIPAA

Information on guidelines

DHHS Office for Civil Rights:

www.hhs.gov/ocr/hipaa

CDC Privacy Rule guidelines

www.cdc.gov/privacyrule

Free e-mail news service available

Immunization Action Coalition (IAC) Express

Subscribe to the *IAC EXPRESS* by sending an e-mail message to express@immunize.org with the word SUBSCRIBE in the "Subject:" field. Do not enter any message content. You will be subscribed automatically.

Get the MMWR

To obtain a free electronic subscription to the *Morbidity and Mortality Weekly Report* (MMWR), visit CDC's MMWR website (listed below). Select "Free Subscription" from the menu at the left of the screen. Once you have submitted the required information, weekly issues of the MMWR and all new ACIP statements (published as MMWR's "Recommendations and Reports") will arrive automatically by email.

www.cdc.gov/mmwr

Web-based MCIR is now a reality

The transformation of the Michigan Childhood Immunization Registry (MCIR) software to a web-based application was completed earlier this year. "The web-based MCIR has several advantages," said Therese Hoyle, MCIR Coordinator, Michigan Department of Community Health (MDCH). There are several user-friendly application enhancements as well as an advanced security system.

Many of the enhancements incorporated into the Internet version grew out of suggestions made by immunization providers using MCIR. Feedback from end users has played an important role in the continuing development of MCIR. "We want a system that health care professionals will use to provide better patient care," said Hoyle. One of the features that will be available this summer in the web version of MCIR is the ability to "batch query," or select multiple immunization records to be sent simultaneously to the provider site. Batch query allows quick access to multiple records. The MCIR record provides an up-to-date immunization status on each child. This feature will give providers the opportunity to prepare for immunization encounters in advance.

"Limited browse" is another feature that is currently being developed. With this feature, when a MCIR user is conducting a search for a child, it will be possible to select a child's record from a list of several likely matches. Providers will also have added control over their patient rosters in MCIR, and the reporting functions will be refined to better meet the users' needs.

Some health care providers are concerned about HIPAA and reporting to MCIR. They need not be concerned, since this activity, along with many other public health responsibilities, is classified as exempt under HIPAA. More information about HIPAA and how it applies to MCIR will be included in the next issue of this newsletter. Contact your region for more information. Toll-free numbers for each region are included on page 17.

CDC publishes HIPAA guidance

Did you know that certain public health activities, including communicable disease reporting, communicable disease surveillance activities, and an array of other public health activities, are classified as exempt under HIPAA?

On April 11, the Centers for Disease Control and Prevention (CDC) published "HIPAA Privacy Rule and Public Health: Guidance from CDC and the U.S. Department of Health and Human Services" as a "MMWR Early Release" report. CDC issued the web-based Early Release only for the immediate release of important public health information. The full report will be published in a future issue of *Morbidity and Mortality Weekly Report.*

The report presents an overview of the privacy rule and discusses the privacy rule and public health, the privacy rule and public health research, and the privacy rule and other laws. The MMWR is available online at www.cdc.gov/mmwr

Give the birth dose of hepatitis B vaccine to all newborns before hospital discharge

Approximately 19,000 women with chronic hepatitis B infection give birth in the U.S. each year. Ninety percent of perinatal infections can be prevented by postexposure prophylaxis given within 12 hours of birth. Tragically, many babies are exposed to the hepatitis B virus (HBV) at birth but do not receive appropriate postexposure prophylaxis.

Administration of the hepatitis B vaccine at birth to all infants is recommended by Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), and the American College of Obstetricians and Gynecologists (ACOG). The Michigan Department of Community Health (MDCH) and the Immunization Action Coalition (IAC) support these recommendations and urge health professionals and hospitals to protect all infants from HBV infection by administering the first dose of hepatitis B vaccine to every infant at birth and no later than hospital discharge.

If this article seems familiar to you, it is because it has been printed in previous issues of the Michigan Immunization Update newsletter. We are concerned because some hospitals still do not offer the birth dose of hepatitis B to all newborns. Until we can be assured that our safety net is as seamless as possible, the risk still exists that a newborn could slip through the cracks of our system. Such a tragedy occurred in 1999, when a Michigan baby did not receive a birth dose of hepatitis B vaccine and died of acute hepatitis B at 3 months of age.

A universal birth dose policy is necessary because it saves lives.

Currently 85 of 101 birthing hospitals in Michigan have implemented or reinstated policies that require physicians to offer all newborns the hepatitis B vaccine prior to discharge. We would like to recognize these hospitals for their efforts to help prevent perinatal hepatitis B infection:

- Allegan General Hospital
- Battle Creek Health System
- Bay Medical Center
- (William) Beaumont Hospital/Royal Oak
- (William) Beaumont Hospital/Troy
- Bell Memorial Hospital
- Bi-County Hospital
- Borgess/Pipp Health Center
- Borgess Medical Center
- Botsford General Hospital
- Bronson Methodist Hospital
- Carson City Hospital
- Clinton Memorial Hospital
- Community Health Center of Branch County
- Community Hospital
- Covenant Health Care System
- Crittenton Hospital
- Foote Health Care System
- Garden City Osteopathic Hospital

Newborn babies should receive the birth dose of hepatitis B vaccine before discharge. Only then can we be certain that we are protecting all our newborns from the hepatitis B virus.

- Genesys Regional Medical Center Health Parks
- Grand View Health System
- Gratiot Community Hospital
- Hackley Hospital Medical Center
- Hackley/Lakeshore Hospital
- Hayes Green Beach Hospital
- Henry Ford Hospital
- Henry Ford Wyandotte Riverside Hospital
- Hillsdale Community Health Center
- Holland Community Hospital
- Hurley Medical Center Hospital
- Huron Memorial Hospital
- Huron Valley/Sinai Hospital
- Hutzel Hospital
- Ingham Regional Medical Center
- Ionia County Memorial Hospital
- Keweenaw Memorial Medical Center

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The birth dose

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- Lakeland Hospital/Niles
- Lakeland Hospital/St. Joseph
- Lakeview Community Hospital*
- Lapeer Regional Hospital
- Lenawee Health Alliance/Herrick
- McKenzie Memorial Hospital
- McLaren Regional Medical Center
- Mecosta County General Hospital
- Memorial Healthcare Center
- Memorial Medical Center of West Michigan
- Mercy Hospital/Cadillac
- Mercy Hospital/Grayling
- Mercy Memorial Hospital
- Metropolitan Hospital
- Mid-Michigan Medical Center/ Clare
- Mid-Michigan Medical Center/ Midland*
- Mt. Clemens General Hospital
- Munson Medical Center
- North Oakland Medical Center
- Oaklawn Hospital*
- Oakwood Hospital-Annapolis Center-Wayne
- Oakwood/Southshore Medical Center
- Otsego Memorial Hospital
- Pennock Hospital
- Port Huron Hospital
- Portage Health System
- Providence Hospital
- St. Francis Hospital
- St. John Detroit Riverview Hospital
- St. John Macomb Hospital
- St. John River District Hospital
- St. Joseph Mercy Hospital/Ann Arbor
- St. Joseph Mercy Hospital/Clinton Twp
- St. Joseph Mercy Hospital/ Livingston
- St. Mary Mercy Hospital
- St. Mary's Mercy Medical Center
- Sinai/Grace Hospital
- South Haven Community Hospital
- Spectrum Health/Blodgett Campus
- Spectrum Health/Butterworth Campus
- Sturgis Hospital
- Tawas/St. Joseph Hospital
- Three Rivers Area Hospital
- United Memorial Health Center
- University of MI Hospitals & Health Ctrs
- War Memorial Hospital
- West Branch Regional Medical Center
- West Shore Medical Center
- Zeeland Community Hospital

* Implemented these policies since last article

If your hospital is not currently on this list but has a policy to offer the first dose of the hepatitis B vaccine to all newborns before discharge, or if you need free hepatitis B vaccine, please call Pat Fineis at 517-335-9443 or 800-964-4487 or call your local health department representative.

Remember... hepatitis B vaccine is free for all newborns in Michigan.

Do you provide prenatal care?

All pregnant women who will be in their second or third trimester during influenza season are at increased risk for complications from influenza and should receive influenza vaccine. Pregnant women should also receive any other needed inactivated vaccines. If your pregnant patients need a Td booster, hepatitis A, hepatitis B, or pneumococcal polysaccharide vaccines, you can safely administer these vaccines if there are no valid contraindications to doing so. However, if your pregnant patients need MMR or varicella vaccines, these vaccines should be administered after pregnancy.

The Michigan Department of Community Health (MDCH) offers a free immunization update for OB/GYN office staff. This module provides immunization information for OB/GYN clinics including vaccines to consider for pregnant women, women of childbearing age, postmenopausal women, and adolescents. The in-service also includes a review of the immunization process and immunization documentation. It is approved for 1.5 contact hours for nurses. To schedule an office staff update or for more information, contact Darcy Wildt at 517-335-9486.

Drs. Atkinson and Humiston will speak at the 2003 immunization conferences

The Michigan Department of Community Health is pleased to announce that Dr. William Atkinson and Dr. Sharon Humiston will be returning to Michigan this fall to speak at the annual regional immunization conferences. William Atkinson, M.D., M.P.H., is scheduled to speak at the conferences in Troy and East Lansing (October 28 and 30), and Sharon Humiston, M.D., M.P.H., is scheduled to speak at the conferences in Kalamazoo and Ypsilanti (October 20 and 22). Drs. Atkinson and Humiston will give the *Vaccine Update* presentation and will join the *Troubleshooting Panel* session.

Dr. Atkinson is a medical epidemiologist with the National Immunization Program at the Centers for Disease Control and Prevention (CDC). He is the principle writer and presenter for numerous national satellite broadcasts on vaccine-preventable diseases, as well as the author or co-author of 38 publications on vaccine-preventable diseases, including the *Epidemiology and Prevention of Vaccine-Preventable Diseases* textbook.

Dr. Humiston is an associate professor of Emergency Medicine and Pediatrics at the University of Rochester School of Medicine and Dentistry. She formerly worked with the CDC National Immunization Program as an immunization educator for primary care providers. She has co-authored many peer-reviewed articles on immunization and a popular book called, *Vaccinating Your Child: Questions and Answers for the Concerned Parent.*

Additional speakers

Other conference speakers will include representatives from the Michigan Department of Community Health (MDCH), local health departments, and community providers.

Dates and locations

The locations and dates for the 2003 conferences have been scheduled as follows: September 25 – Marquette; October 14 – Gaylord; October 20 – Kalamazoo; October 22 – Ypsilanti; October 28 – Troy; and October 30 – East Lansing.

Conference brochures will be mailed during May to all recipients of this newsletter. Registrations will not be accepted until the conference brochures are mailed out. If you have not received a brochure by June 2, please call MDCH at 517-335-8159 to request a brochure.

More information about the conferences is included on page 18.

Free education updates delivered to your office

Your public health immunization partners have created a variety of office-based immunization education modules with your needs in mind. These updates have been designed to be delivered right to your doorstep.

The following programs are available upon request:

Physician Peer Education – contact Charissa Townsend at 517-432-8204

Smallpox Preparedness Update – contact Charissa Townsend at 517-432-8204

Hepatitis A-E – contact Pat Fineis at 800-964-4487 or 517-335-9443

Immunization Update for Office Staff – contact Darcy Wildt at 517-335-9486

The Immunization Update for Office Staff offers a variety of education modules. More information about these modules is included on page 19.

A free assessment of the immunization levels of your practice is also available – contact Stephanie Sanchez at 517-335-9011

Call today to schedule either your free immunization update or your immunization assessment...

In fact, why not schedule both?

Smallpox preparedness update now available

The Michigan Department of Community Health, in conjunction with Michigan State University Cooperative Extension, is offering a new Smallpox Preparedness Update to healthcare providers in Michigan.

The purpose of this new update is to inform healthcare providers about the smallpox vaccine so they are better equipped to answer their patients' questions. This update covers a wide range of topics relating to smallpox vaccination. Information concerning the history of smallpox, the formulation of the vaccine, and the availability of the vaccine are covered in this update. Information is also included about the process of vaccination, normal and adverse reactions to the vaccination, and transmission after vaccination.

In addition to providing a presentation on smallpox vaccine, healthcare providers will be given the opportunity to address their concerns and have their questions answered. This one-hour session will also provide an opportunity for healthcare workers to earn CME and CEU credits and can be brought right to your office, medical staff meetings, grand rounds, or conferences. For more information or to bring this informative update to your area, contact Charissa Townsend at 517-432-8204.

Document immunizations – it's important and it's the law

Susie Smith is a 2-year-old patient who is in the office today for a well-child appointment. A nurse reviews her medical chart, assesses that Susie's immunizations are not up to date, and then discusses this with Susie's mother. The mother says that Susie received some vaccinations during her last office visit, and at the end of that appointment, the doctor said that Susie would not have to have any more shots until she started kindergarten. However, she forgot to bring Susie's immunization record with her to today's appointment. At that point, a staff member reviews Susie's Michigan Childhood Immunization Registry (MCIR) immunization record. The MCIR immunization record was printed in the morning before Susie's scheduled visit. According to the MCIR record, Susie is overdue for her MMR and varicella vaccines. However, upon further investigation in Susie's medical chart, it is found that at the previous visit, the staff documented two vaccine administrations in the progress notes. The information was not documented on the immunization record nor was it entered into MCIR. Susie's mother is told that Susie is indeed up to date and does not need any shots today. The office staff enters the dates that the MMR and varicella vaccines were given in the record and in MCIR, prints a copy of the MCIR immunization record for Susie, and gives it to Susie's mother.

Accurate documentation is important for both the patient and the provider. The old adage, "if it's not written down, it didn't happen" is certainly true for vaccination. Medical staff are legally responsible for keeping accurate and complete clinical records for their patients. Providers are encouraged to keep the patient immunization record at the top of the patient chart and in the same area for all patients. Making sure the immunization record is easy to locate in patient charts saves time for the clinical staff and the families. "It's always easier to know that all the immunizations are on one sheet of paper in the chart," says David Lambrix, M.D., a family physician in Marshall, Michigan.

Complete documentation of each dose of vaccine administered is required both for risk management purposes and as a component of the federal National Vaccine Injury Compensation Program (NVICP).

The NVICP requires documentation of the following items:

- % Date vaccine was administered (mm/dd/yyyy)
- % Vaccine manufacturer
- % Lot number
- % Date Vaccine Information Statement (VIS) provided to the parent
- % Version date of VIS
- % Name or initials of person administering vaccine

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MDCH: DCH-0591 (8/96)
Auth: P.H.S. , Act 42, Sect 317, as amended, 1978

Document immunizations

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Vaccines administered by another provider require documentation of the complete date and, if known, a notation of what office or provider administered the vaccine. Dose dates for all vaccines received by a patient (either at your office or at another office) should be documented on one record in the patient's chart.

When a vaccine is not administered, yet the child was eligible, a brief note should be made on the immunization record to see more detailed information in the progress notes section of the patient chart regarding why the vaccine was not administered.

It is practical to use a form that makes it easy to record the required information. The Vaccine Administration Record for Children and Teens, distributed by the Michigan Department of Community Health (MDCH), is one available option. This form is included in the 2003 AIM Provider Tool Kit. Another option, the MDCH Immunization Signature Record Card, is available free from your local health department. Both of these forms are printed on a single page and have space for each required piece of information so that when it is filled out completely, you know that you have met the documentation requirements.

Use the order form on page 20 to order the 2003 AIM Provider Tool Kit.

Questions & Answers

Q What can I do to stop the back-to-school rush for immunizations?

A Here's a proactive idea that may help to minimize the last-minute rush: Consider pulling the charts of all 4- to 6-year-olds and 10- to 12-year-olds in your practice in the spring or early summer. Assess their immunization records for the following:

- **DTP/DTaP/Td**

Four doses, with one dose at or after 4 years of age or three doses of Td if the first dose was given at or after 7 years of age. All children must have had a dose within the last 10 years.

- **Polio**

Three doses, with one dose at or after 4 years of age

- **MMR**

Two doses at or after the age of 12 months

- **Hep B**

Three doses

- **Varicella**

One dose at or after the age of 12 months or two doses if started after 13 years of age or a documented history of the disease.

As you assess the immunization records for the immunizations listed above, pull any incomplete records aside. Call or send recall cards to those families in the spring or early summer.

Q Can I use the Michigan Childhood Immunization Registry (MCIR) to assess our immunization records?

A Yes. Many immunization providers are using MCIR to assess the immunization status of their patients for kindergarten round up. You can assess your 4- to 6-year-olds in four easy steps.

If you are using a Patient Roster in your office, use the Patient Roster Report. If you are not using a Patient Roster, use the MCIR Provider ID Report.

Patient Roster Report

1) Go to Reports
2) Click on Profile and select Current Immunization Profile Listing by Patient Roster
3) Insert ages 48 months to 73 months, 4 DTaP, 3 Polio, 3 HIB, 1 MMR, 3 Hep B, 1 Varicella
4) Click Submit

Then print the report.

MCIR Provider ID Report

1) Go to Reports
2) Click on Profile and select Current Immunization Profile Listing by Provider ID
3) Insert ages 48 months to 73 months, 4 DTaP, 3 Polio, 3 HIB, 1 MMR, 3 Hep B, 1 Varicella.
4) Click Submit

Then print the report.

These reports will list the children who are not up to date and need a follow up appointment before registering for school.

Q Can it really be that easy?

A Yes! Contact your MCIR regional coordinator with any questions. Toll-free numbers for each region are included on page 17.

Questions & Answers

Q What vaccines do my 10- to 12-year-old patients need before they start school this fall?

A Starting this fall with the 2003-2004 school year, schools in Michigan will be required to assess and report the immunization status of all 6th grade students, in addition to the new school entrants, including kindergartners, whom they currently assess.

All 6th graders must have documentation showing that they have had the following immunizations:

- Two doses of MMR
- Three doses of hepatitis B
- Three doses of polio (one dose must have been administered at 4 years of age or older)
- One dose of varicella (or history of the disease)
- Complete series of DTaP/Td with one dose in the last 10 years

Q Isn't there still a shortage of Td vaccine?

A No. Td vaccine is no longer in short supply. Now is the time to recall children who may have missed their booster dose. Make sure your eligible patients are protected.

Q What is the recommendation for MMR for a health care worker (HCW)?

A All persons who work within medical facilities should have evidence of immunity to measles and rubella. For HCWs born after 1956, this consists of proof of two doses of MMR or lab evidence of measles and rubella immunity. Although birth before 1957 is generally considered acceptable evidence of immunity, consider recommending a dose of MMR vaccine to unvaccinated workers who do not have a history of prior measles disease or lab evidence of immunity, and those without lab evidence for rubella immunity. (Pink Book, 7th Ed., p. 106-7)

Q How often should a person receive the pneumococcal polysaccharide (PPV23) vaccine?

A PPV23 should be given once to: 1) all adults 65 years and older, 2) persons 2 years and older with normal immune systems who have a chronic illness, or 3) persons 2 years and older who are immunocompromised. Only one PPV23 revaccination dose is recommended for high-risk persons. For more details, see the chart on page 23. (Pink Book, 7th Ed. P. 211-12)

How to order the Pink Book

The seventh edition, second printing, of *Epidemiology and Prevention of Vaccine-Preventable Diseases* (Pink Book) can be purchased from the Public Health Foundation (PHF) for $25.00 per book. The web address is www.phf.org. You may contact PHF by phone (202-898-5600) or email (info@phf.org) for more information.

Link between thimerosal and autism improbable

Reprinted from the Immunization Action Coalition's online newsletter, the IAC Express (Issue 377, April 7, 2003)

"Thimerosal and Autism?" appeared as a commentary article in the March issue of *Pediatrics*. It is written by two neuropathologists, Karin B. Nelson, MD, of the National Institute of Neurological Disorders and Stroke, and Margaret L. Bauman, MD, of Harvard Medical School.

After reviewing the scientific literature, the authors conclude a link between thimerosal exposure and the development of autism is improbable. The article, which clearly demonstrates that the characteristics of mercury toxicity and autism are so dissimilar that it would be difficult to confuse them, will be useful to physicians in allaying parents' concerns about thimerosal content in vaccines.

To access a camera-ready (PDF) copy of the complete article from the *Pediatrics* website, go to:

www.pediatrics.org/cgi/reprint/111/3/674.pdf

Physicians will be interested in referring parents to Jane Brody's synopsis of the *Pediatrics* article, "Vaccines and Autism, Beyond the Fear Factor." To access it from the *New York Times* website, go to: www.nytimes.com/pages/health

Scroll down the right-hand column, and click on "More Personal Health Columns."

Measles case confirmed in Livingston Co.

Earlier this year, a case of measles was confirmed in a Livingston County infant, the first case of measles in Michigan in over two years. Nationwide, fewer than 100 cases of measles have been reported annually in recent years.

A second case was discovered retrospectively in a 26-year-old female resident of a neighboring county. The two cases had illness onsets on approximately the same date. Both were present in the hospital emergency room (where the adult case works) 12 days prior to the appearance of their rashes, suggesting they were exposed to a common source index patient. Neither case had a history of other risk factors, such as international travel. Investigation is continuing in an effort to find a source as well as any additional cases.

The 10-month-old infant was too young to have received the first of the recommended two childhood measles/mumps/rubella (MMR) vaccine doses. The adult had a history of one dose of measles vaccine.

"Confirming measles in a Michigan resident, particularly one who has not been out of the state, is significant because it means other cases of measles likely existed here, but have gone undetected," said Michigan Department of Community Health Chief Medical Executive David R. Johnson, M.D. "It is very important for all health care providers to be aware that measles has been detected in Michigan and to be vigilant for any cases of febrile rash illness that may indicate measles."

Health care providers are reminded to immediately report suspect measles cases to their local health departments. Prompt diagnostic testing and public health follow-up investigation of such cases are essential.

Significant fever and a distinctive rash, along with cough, runny nose or conjunctivitis, characterize measles. If a health care provider suspects that a patient may have measles, they should contact their local health department immediately. The health department can assist with specimens and case definitions. Measles can be transmitted easily to those who have not been immunized, underscoring the importance of timely measles vaccination. Very few cases of measles occur in the United States because vaccination has been highly successful in eliminating the measles virus from routine circulation in the population. But due to the highly contagious nature of measles, if immunization levels were to drop even slightly, significant outbreaks of the disease could result, as has happened recently in Ireland and other countries.

Because measles patients are often very sick and seek medical care, health care workers have an elevated risk of exposure to the disease. CDC has estimated the risk for measles infection in medical personnel to be 13 times greater than for the general population. Adults (and infants) with measles are also at higher risk of more severe illness and complications compared to children.

Measles prevention strategy

The recent Michigan cases underscore the importance of several key elements of this country's measles prevention strategy:

- Immunize infants with a first dose of measles vaccine (MMR) at 12–15 months of age;
- Routinely administer a second dose of measles (MMR) at 4–6 years of age;
- Ensure immunity in health care workers using the following criteria:
  - Birth year 1957 or later:
    - documentation of physician-diagnosed measles disease; OR
    - laboratory evidence of measles, mumps, or rubella immunity (persons who have an "indeterminate" level of immunity upon testing should be considered nonimmune); OR
    - appropriate vaccination against measles, mumps, and rubella (i.e., administration on or after the first birthday of two doses of live measles vaccine separated by at least 28 days, at least one dose of live mumps vaccine, and at least one dose of live rubella vaccine).
  - Birth year before 1957:
    - A dose of MMR is recommended for those who do not have a history of measles disease or laboratory evidence of measles immunity (as well as for those who lack laboratory evidence of rubella immunity).

Vaccine-preventable diseases: How are we doing in Michigan?

Number of reported cases of vaccine-preventable diseases – 2002

Disease	Total cases 2002	Total cases 2001
Congenital rubella syndrome (CRS)	0	0
Diphtheria	0	1
H. influenzae invasive disease	18	14
Hepatitis B	327	618
Measles	0	0
Mumps	7	5
Pertussis	62	149
Poliomyelitis	0	0
Rubella	1	0
Tetanus	2	0

Number of reported cases of vaccine-preventable diseases – 2003

(Year-to-date as of 4/30/03)

Disease	Total cases, year-to-date
Congenital rubella syndrome (CRS)	0
Diphtheria	0
H. influenzae invasive disease	7
Hepatitis B	79
Measles	2
Mumps	3
Pertussis	15
Poliomyelitis	0
Rubella	0
Tetanus	0

Haemophilus influenzae invasive disease

The Michigan Department of Community Health (MDCH) would like to remind health care providers that *Haemophilus influenzae* organisms isolated from normally sterile sites in persons under 15 years of age should be serotyped. The MDCH laboratory provides this serotyping service free of charge. Serotyping helps to determine if cases represent vaccine failures and helps increase understanding of the current epidemiology of invasive disease due to *H. influenzae* type b. For further information, contact the MDCH laboratory at 517-335-8067.

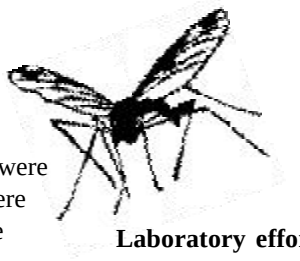
CDC/NIP website provides vaccine safety information

Where can you look for answers when you get tough questions from parents about vaccine safety issues?

The CDC National Immunization Program website (www.cdc.gov/nip) provides information on vaccine safety and much more.

After you find the website's home page, click on the *Vaccine Safety* subheading, and you are on your way to up-to-date and reliable information to help you when parents ask you questions about vaccine safety.

West Nile Virus update



Contributed by: Kimberly Signs, D.V.M., Zoonotic Disease Epidemiologist

The Michigan Department of Community Health, along with its partners at the Michigan Departments of Agriculture and Natural Resources, and Michigan State University's Department of Microbiology and Molecular Genetics, and Diagnostic Center for Population and Animal Health, has been involved in surveillance for arboviral (insect-borne virus) diseases in Michigan for several years. This interagency collaboration was begun out of a need to survey for Eastern Equine encephalitis (EEE) virus and St. Louis encephalitis (SLE) activity in the state. As a result of the work of this group, West Nile virus (WNV) was first detected in birds in 10 Michigan counties from southeast to southwest Lower Michigan in 2001. There were positive mosquitoes detected that year in Oakland and Macomb Counties, but no human cases were identified. A vastly different picture developed in 2002. The following is a summary of WNV activities in Michigan in 2002 and a preview of surveillance plans for 2003.

Dead bird surveillance and testing

Dead corvids (crows, blue jays, and ravens) are a prime indicator of the presence of WNV in an area and have been shown to be important predictors of increased human risk for WNV infection. In 2002, citizen reports of dead birds were collected via the state's WNV hotline, staffed by epidemiologists from the Michigan Department of Community Health (MDCH). Arrangements were then made for appropriate birds to be submitted to MSU for initial immunohistochemistry testing, and, if positive, the birds were confirmed WNV-infected at the MDCH Laboratory. A total of 788 birds were submitted, and more than 500 were tested. WNV-infected birds were found in 73 of 83 counties in Michigan in both the Lower and Upper Peninsulas. For 2003, a dedicated website has been established that contains comprehensive WNV information. Citizens should report their dead bird sightings on the website, and any follow-up measures will be handled through the appropriate local health department. The information collected will be used to quickly generate maps and tables to provide communities with information they need to make decisions about intervention and control strategies. The West Nile Virus website address is:

www.michigan.gov/westnilevirus

WNV hotline and website

A statewide, toll-free hotline has been in operation since May 2001. The hotline provides general information about WNV infection and disease, disseminates information about where dead birds have been found and where human cases have occurred, as well as information on how to submit bird or human specimens for testing. The hotline number is 1-888-668-0869. From April 1 through October 31, 2002, the hotline was staffed and monitored 24 hours a day, 7 days a week, including holidays. Over 35,000 calls were received in the months of August and September alone. For 2003, the hotline will be a source for general information about WNV only, and will no longer be used for collecting dead bird information. As stated above, citizens should report dead bird sightings on the website at: www.michigan.gov/westnilevirus.

Laboratory efforts at MDCH

The MDCH virology laboratory currently performs testing for the detection of IgM and IgG antibodies in cerebrospinal fluid or serum which are specific for WNV, as well as the other arboviruses that can occur in Michigan. They are Eastern Equine encephalitis virus (EEE), St. Louis encephalitis virus (SLE), and LaCrosse encephalitis virus (LAC). In the future, Powassan (a tick-borne encephalitis virus) testing will be added. In addition, PCR and virus isolation is also available for appropriate specimens. The MDCH laboratory tested nearly 3,000 specimens for arboviruses in 2002, compared to 159 in 2001.

Human cases of WNV

The United States suffered the largest arboviral epidemic ever documented in 2002. Areas hardest hit were in the mid-section of the nation from the Great Lakes to the Mississippi River delta. There were over 4,000 human cases documented, with more than 280 deaths nation-wide attributed to WNV. Michigan was second in the nation, with 644 laboratory-identified cases and 51 deaths. Only Illinois had more cases. In addition to the high numbers of human cases, new modes of transmission were discovered. There were human cases of WNV associated with the transplantation of organs, or transfusion of blood from an infected donor. The Michigan Department of Community Health together with the Centers for Disease Control and Prevention became involved in several of these investigations. In the course of these investigations, the apparent

Continued on page 13

West Nile Virus

Continued from page 12

transmission of virus from an infected mother to her newborn infant through breast milk was discovered. (See MMWR October 4, 2002, for details.) In addition, a pregnant woman transmitted virus to her unborn child, and several lab workers were percutaneously infected with WNV while performing autopsies on infected birds. (See MMWR Dec. 20, 2002)

Equine surveillance

The Michigan Department of Agriculture conducts surveillance for acute encephalitis in horses through an active surveillance program. Affected horses usually have signs of neurologic illness - weakness, ataxia, and muscle tremors. Testing on serum and/or tissues is performed by the MSU Diagnostic Center for Population and Animal Health. In 2002, 342 cases of WNV in horses were identified in Michigan. Serological testing for IgM antibodies will be available in 2003.

Mosquito surveillance in southeast Michigan urban areas

MSU increased mosquito surveillance in the under-surveyed southeast Michigan area during 2002. In addition, testing of mosquitoes was performed for several additional counties that conduct mosquito surveillance for EEE. In all, nine counties submitted mosquitoes for testing with seven counties having pools found positive for WNV. Most of these positive pools were *Culex* mosquitoes, the species most important in the transmission of WNV among birds.

West Nile Virus: What to expect in 2003

We have documented evidence of WNV infection in Michigan in 2003. There are several challenges for 2003. The large number of birds, horses, and humans exposed to the virus in 2002 are now immune to future infection. It is not known what role this immunity will play in the level of transmission that may occur this year. Complicating matters for identification of human cases in 2003, a recent study indicates that in more than 50 percent of patients with antibody titers to WNV, IgM antibody can remain detectable in serum for more that 500 days. (EID, Vol. 9, No. 3, March 2003) As a result, acute and convalescent specimens will be required to make a diagnosis of WNV based on serum alone. The environment plays an important role in any vector borne disease. Weather conditions, as well as human behavior, can impact mosquito-breeding environments. Eliminating breeding sites and performing early larval control can reduce the level of mosquitoes in the environment. Use of personal protective measures can also reduce a person's chance of exposure to an infected mosquito. Some communities may implement comprehensive mosquito control programs. A vaccination for humans is being developed, but currently, the only vaccine available is for horses. Many studies are ongoing that will tell us more about this important emerging infectious disease. The Michigan Department of Community Health, along with its partners, continues to monitor this and other infectious diseases of importance to the citizens of Michigan. We will continue to provide individuals and professionals with the information needed to protect the health of the citizens of Michigan.

For more information

www.michigan.gov/westnilevirus

CDC offers adult immunization satellite course

Scheduled June 26

CDC will broadcast "Adult Immunization: The Technical Issues" on Thursday, June 26 from Noon-2:30 pm ET. This broadcast will highlight the 2002-2003 Recommended Adult Immunization Schedule and strategies to improve adult immunization coverage levels. More information is available on the PHTN website (address given below).

Public Health Training Network (PHTN) website:

www.phppo.cdc.gov/PHTN/calendar.asp

Immunization Update scheduled on Thursday, August 21

Also note the CDC's National Immunization Program has scheduled the annual Immunization Update broadcast for August 21.

More information on both courses will be available from the Public Health Training Network (PHTN) website.

Michigan Immunization Update

Information on how to subscribe to this newsletter is included on page 22. Contact Rosemary Franklin with any questions or comments about this newsletter. Franklin can be reached by email (franklinr@michigan.gov) or phone (517-335-9485).

Michigan prepares to respond to bioterrorism

Last year, the Michigan Department of Community Health (MDCH) received $27.1 million from the Centers for Disease Control and Prevention (CDC) and $4.1 million from the Health Resources and Services Administration (HRSA) to increase the state's ability to respond to acts of bioterrorism. The CDC funding focuses on upgrading state and local level public health preparedness. The HRSA funding concentrates on upgrading the preparedness of hospitals and collaborating entities.

Chief Medical Executive Dr. David Johnson receives the smallpox vaccination from Carolee Besteman, R.N., M.S., Michigan Primary Care Association

For more information:

www.michigan.gov/mdch

In order to increase efficiencies and be better able to respond to current challenges, the Office of Public Health Preparedness and Response (OPHP) was created in September 2002. Prior to that time, MDCH's bioterrorism preparedness activities were handled from within the Division of Communicable Disease and Immunization. This newly created office will manage the funds received from the federal government for the purpose of upgrading state and local public health preparedness for and response to bioterrorism, other outbreaks of infectious disease, and other public health threats and emergencies. The funding received from CDC and HRSA will allow Michigan to further protect citizens by:

- ensuring a statewide coordinated system of hospitals, physicians, laboratories, public health, law enforcement and emergency responders is in place to respond to any type of emergency that threatens the health of the public,
- ensuring health care professionals are informed about biological and chemical agents that may be used as terrorist weapons and are able to quickly diagnose and manage these conditions,
- improving the capacity and responsiveness of public health and clinical laboratories around the state to identify biological agents quickly and accurately to better respond and treat exposed individuals,
- implementing a statewide Health Alert Network that will permit the rapid transmission of crucial information between any and all partners in protecting the health of the public,
- establishing a system that can deliver more timely and complete information to the public and policy makers in the event of a public health emergency, and
- implementing a statewide system to receive and distribute the Strategic National Stockpile, ensuring an efficient and effective response to protect public health.

Michigan's smallpox response plan

MDCH submitted Michigan's smallpox response plan to CDC in early December. This plan provides a blueprint for how the state will carry out smallpox vaccinations both as a preparedness effort and in the event of a confirmed case(s) of smallpox. The plan includes strategies for both surveillance and containment, sometimes called ring vaccination, as well as mass vaccinations. Vaccine distribution methods, staffing and monitoring are also identified in the plan.

Each of the eight Emergency Preparedness Regions into which Michigan has been organized will have at least one Smallpox Public Health Response Team and two hospital-based Smallpox Health Care Response Teams, for a total of approximately 30 smallpox health care response teams across the state. Should there be an actual case(s) of smallpox identified, these teams will be mobilized to vaccinate, follow-up with persons exposed, and to care for those with smallpox.

The first state smallpox vaccination clinic was held on February 21, with about 100 state and regional public health response team members being vaccinated. Representatives from each region took the smallpox vaccine back to their region where more clinics are planned. By the end of April, over 600 people in Michigan had been vaccinated as part of this stage.

Continued on page 15

Bioterrorism

Continued from page 14

The federal government has announced no plans to inoculate the general public at this time and currently recommends against it.

Smallpox planning is part of the state's overall homeland security efforts. The Office of Public Health Preparedness and MDCH's Division of Communicable Disease and Immunization have worked closely with Michigan State Police, local health departments and health care providers to ensure the safety of Michigan residents.

Regional Medical Biodefense Networks

Regional work to establish eight Regional Medical Biodefense Networks in each of the Emergency Preparedness Regions continues across the state. The involvement of all of our health care partners and emergency response agencies has been very important. We are pleased to announce the completion of the Michigan Hospital Preparedness Resource Inventory. The results of the survey administered to all 181 Michigan hospitals will assess current levels of hospital preparedness across the state. We are currently in the process of gathering the pre-hospital information for an assessment of our 65 Medical Control Authorities. When completed, this will provide a pre-hospital needs assessment with critical information for the development of the regional plans.

A Medical Control Authority (MCA) is responsible for the supervision and coordination of emergency medical services within a specific geographical area, as prescribed, adopted and enforced through State approved protocols. Each MCA appoints an advisory body and Medical Director who is board certified in emergency medicine. Each hospital that operates a 24/7 emergency service must participate in a MCA.

To comprehensively evaluate Michigan's ability to respond to bioterrorism, both state and local public health agencies completed the Michigan Local Capacity Inventory, which provides a rapid assessment of a public health agency's ability to respond to public health threats and emergencies. The Capacity Inventory includes measures to assess progress towards meeting each of the benchmarks and critical capacities described in the grant guidance to enhance state and local public health infrastructure.

For additional information

- www.michigan.gov/mdch
- www.bt.cdc.gov

CDC experts are available

Experts at the CDC National Immunization Program are available to answer tough immunization questions. Health care providers can e-mail nipinfo@cdc.gov and submit written questions regarding any immunization and vaccine issues. Questions on topics from immunization schedules to vaccine safety will be answered by CDC staff.

Free immunization materials available

Free immunization materials are available from CDC, and the quickest and easiest way to get them is through CDC's website at:

www.cdc.gov/nip/publications

Online orders are processed within 48 hours, so ordering through the web is definitely the quickest way to go. Be sure to check out this website.

Questions?

Do you have questions about VIS, MCIR, the VFC programs, or other immunization issues? The first place to go for answers is the immunization clinic at your local health department. If you need additional help, call the Division of Communicable Disease and Immunization, Michigan Department of Community Health, at 517-335-8159.

PCV7 supply problems over: Return to a full schedule

On April 30, 2003, the Centers for Disease Control and Prevention (CDC) announced that providers could return to a routine schedule for pneumococcal conjugate vaccine (PCV7). CDC has provided the following schedule to assist providers with catch up for children with a late start or lapse in vaccine administration due to the vaccine shortage. For additional information on the schedules and administration of PCV7 see the MMWR dated *October 6, 2000/ Vol.49/ No. RR-09.*

Age at examination	Previous PCV7 History	Recommended regimen*
2-6 months	0 doses	3 doses 2 months apart, 4th dose at 12-15 months
	1 dose	2 doses 2 months apart, 4th dose at 12-15 months
	2 doses	1 dose, 4th dose at 12-15 months
7-11 months	0 doses	2 doses 2 months apart, 3rd dose at 12-15 months
	1 or 2 doses before age 7 months	1 dose at 7-11 months, with another dose at 12-15 months (2 months later)
12-23 months	0 doses	2 doses 2 months apart
	1 dose before age 12 months	2 doses 2 months apart
	1 dose at 12 months	1 dose 2 months after the most recent dose
	2 or 3 doses before age 12 months	1 dose 2 months after the most recent dose
24-59 months Healthy children†	Any incomplete schedule	Consider 1 dose 2 months after the most recent dose
24-59 months High risk‡	<3 doses	1 dose 2 months after the most recent dose and another dose 2 months later
	3 doses	1 dose 2 months after the most recent dose

* For children vaccinated at age <1 year, the minimum interval between doses is 4 weeks. Doses given at 12 months should be at least 8 weeks apart.

† Providers should consider 1 dose for healthy children 24-59 months, with priority given to children 24-35 months old, children of Alaskan Native, American Indian, or African-American descent, or those who attend group child care centers.

‡ Children with sickle cell disease, asplenia, human immunodeficiency virus infection, chronic illness, cochlear implant, immunocompromising condition *as well as any other high risk condition outlined in Table 8 of the MMWR Recommendation from October 6, 2000/ Vol.49/ No. RR-09 and the MMWR Recommendation on cochlear implants from October 18, 2002/ Vol. 51/ No. 41.*

Michigan Childhood Immunization Registry (MCIR) Regions & Toll-Free Phone Numbers

Region 1 1-888-217-3900

Covers: City of Detroit, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw & Wayne Counties

Region 2 1-888-217-3901

Covers: Allegan, Berrien, Branch, Calhoun, Cass, Hillsdale, Ionia, Jackson, Kalamazoo, Kent, Lenawee, Muskegon, Ottawa, St. Joseph, & Van Buren Counties

Region 3 1-888-217-3902

Covers: Barry, Clinton, Eaton, Gratiot, Ingham, & Montcalm Counties

Region 4 1-888-217-3903

Covers: Bay, Genesee, Huron, Lapeer, Midland, Saginaw, Sanilac, Shiawassee, & Tuscola Counties

Region 5 1-888-217-3904

Covers: Alcona, Alpena, Antrim, Arenac, Benzie, Charlevoix, Cheboygan, Clare, Crawford, Emmet, Gladwin, Grand Traverse, Iosco, Isabella, Kalkaska, Lake, Leelanau, Manistee, Mason, Mecosta, Missaukee, Montmorency, Newaygo, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Presque Isle, Roscommon, & Wexford Counties

Region 6 1-888-217-3905

Covers: All Upper Peninsula Counties

Announcing

The Michigan Department of Community Health's Fall Regional Immunization Conferences

2003 Schedule

September 25	**Marquette**	**Northern Michigan University**
October 14	**Gaylord**	**Treetops Conference Center**
October 20	**Kalamazoo**	**Fetzer Center (WMU)**
October 22	**Ypsilanti**	**Eagle Crest Conference Resort/ Marriott (EMU)**
October 28	**Troy**	**M.S.U. Management Education Center**
October 30	**East Lansing**	**Kellogg Conference Center (MSU)**

Conference registration: 8:00 a.m. - 8:30 a.m.*
Conference: 8:30 a.m. - 3:30 p.m.*

* EXCEPTION: Marquette location, September 25 – Conference registration will be held from 8:30 a.m. - 9:00 a.m.; conference will be held from 9:00 a.m. - 4:00 p.m.

Conference brochures will be mailed out by the end of May. Everyone who receives the *Michigan Immunization Update* newsletter will also receive a conference brochure. Once you have received your conference brochure, we encourage you to register early since space is limited. (Registrations will not be accepted before the conference brochures are mailed out in May.)

If you have not received a brochure by the end of May, call the Division of Communicable Disease and Immunization at 517-335-8159 to request one.

For registration details, see the conference brochure.

For more information, contact:

Rosemary Franklin (franklinr@michigan.gov / 517-335-9485)

OR

Darcy Wildt (wildtd@michigan.gov / 517-335-9486)

Michigan Department of Community Health
Office-based Immunization Education

The Vaccines for Children Program: Information for Physicians and their Staff
This 45 minute presentation includes a program description, benefits for participating providers, VFC terminology, and a discussion on how to successfully complete the following activities: enrolling, ordering vaccine, transporting vaccine, documenting and screening for eligibility and other practical methods to incorporate the program into any medical office. This program does not include any contact hour credit.

Vaccine Administration for Clinical Practice
This one-hour presentation discusses vaccine administration principles and techniques including the process of preparing vaccines, the process of administering vaccines, techniques for positive interaction with patients and family members, and vaccine handling principles. It is approved for 1.0 contact hour for nurses.

Vaccine Management: Storage and Handling
This one-hour presentation covers where vaccines should be stored, the correct temperature ranges for both refrigerator and freezer, needed documentation for the storage and handling of vaccines, and steps that should be taken if vaccine has been compromised. It is approved for 1.0 contact hour for nurses.

Immunization Update for Adults
This one and a half hour program discusses immunization issues specific to the adult population including why adults are under immunized, recommended vaccines for adults, the immunization process, documentation guidelines and some vaccine storage issues. It is approved for 1.5 contact hours for nurses.

Immunization Update for Pediatric Office Staff
This one and a half hour in-service discusses all recommended vaccines for children, the steps of the immunization process, required documentation and also provides a quick overview on vaccine storage and handling principles. It is approved for 1.5 contact hours for nurses.

Immunization Update for Family Practice Office Staff
This one and a half hour program combines both pediatric and adult immunization information. The immunization process, immunization documentation and some storage and handling principles are also discussed. It is approved for 1.5 contact hours for nurses.

Immunization Update for OB/GYN Office Staff
This module provides immunization information for OB/GYN clinics including vaccines to consider for pregnant women, women of childbearing age, postmenopausal women and the adolescent, the immunization process and immunization documentation. It is approved for 1.5 contact hours for nurses.

To schedule an office staff update or for more information, contact:

Darcy Wildt
517-335-9486

Michigan Department of Community Health (MDCH) Clearinghouse order form for free immunization brochures and materials

To order the materials listed below, fax this form to the MDCH Clearinghouse at 517-699-2376. Inquiries about specific orders that have already been placed can be directed to the MDCH Clearinghouse at 1-888-76-SHOTS. All other inquiries should be directed to Rosemary Franklin at 517-335-9485 or FranklinR@michigan.gov.

All orders for brochures are limited to 500 per organization or office, unless otherwise stated. However, limits may also be lowered due to availability of supply. Please note that most of these brochures are revised annually.

If you have a special need and you would like to request any amounts in excess of the limits, please refer to the directions at the end of the next page.

Name:			
Company:			
Street address:*			
City:		**State: MI****	**Zip code:**
Phone no.:			

*** Reminder: We cannot ship to P.O. boxes.** ** Materials are available to Michigan residents only.

Please enter quantity for each requested item.

Quantity needed	Materials for health care providers
(Limit of 1 per office)	**Alliance for Immunization in Michigan (AIM) Provider Tool Kit, 2003** This packet contains the most up-to-date tools and information for health care professionals who administer vaccines to their patients, including the Recommended Childhood Immunization Schedule for 2003, the Recommended Adult Immunization Schedule, information about contraindications for vaccination and proper storage and handling of vaccines techniques, documentation resources and much more. The materials in this kit are organized into four separate folders: Child/Adolescent Immunization, Adult Immunization, Talking to Families, and Vaccine Storage & Resources.
(Limit of 5,000 cards per office)	**Adult Immunization Record Card** We recommend that you provide an adult immunization record card to all your adult patients as you give them immunizations. Although the limit on this item is 5,000, we ask that you do not stockpile. Please order only enough to get you through this flu season. **µ Updated in September 2002**

Materials for patient education

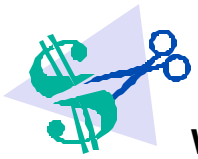
New brochures for all patients		
	What is West Nile Virus?	μ **Attention: New brochure!**
	Antibiotics: What You Should Know *Preserving our Antibiotic Lifeline* This brochure covers the basics on antibiotics: what they are, when they are needed (and *not* needed), and what causes antibiotic resistance. Some practical advice is also offered on how to take medication correctly, and how to treat a cold or flu. Please make these brochures available in your waiting room for your patients.	μ **Attention: New brochure!**
Brochures for children and adolescents		
	Immunize Your Little Michigander	
	Vaccine Safety – What parents need to know	
	Are you 11-19 years old? Then you need to be protected against some serious diseases	

Brochure for adults		
	Immunizations – They're not just for kids. Are you protected?	

Brochures about hepatitis		
	Hepatitis B: What Parents Need to Know (With special information for pregnant women)	μ **Attention: New brochure!**
	The Dangers of Hepatitis B: What they are, How to avoid them	
	Hepatitis, What you need to know. (This brochure discusses hepatitis A, B, and C.)	

Limits and exceptions

If you have a special need or would like to request any amounts in excess of the limits, please contact Rosemary Franklin at 517-335-9485 or FranklinR@michigan.gov



With the State in a budget crisis, this is the perfect time to begin subscribing to get the newsletter electronically INSTEAD of through the U.S. Mail.

The *Michigan Immunization Update* can now be sent to your desk via e-mail as an Adobe Acrobat pdf file. If you do not already have Adobe Acrobat Reader, this free software program is available on the Internet at http://www.adobe.com/products/acrobat/readstep2.html

How to receive the newsletter via e-mail:

Send an e-mail message to RBlake@msms.org. Enter the word SUBSCRIBE in the SUBJECT field. Do not enter any message content. You will be added to the list.

(Please note that we never disclose your e-mail address to another party and use it only for our informational mailings.)

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How to unsubscribe (from receiving hard copy in mail)

We are currently mailing out nearly 11,000 hard copies of the newsletter, three times a year. That's a lot of paper and a lot of postage. Given the current State budget crisis, every penny counts. Once you have signed up to get the newsletter electronically, please consider whether you really need a hard copy mailed to you.

If you no longer wish to receive a hard copy, make a copy of the address label on your newsletter and fax it to us, indicating that you wish to be deleted from our mailing list. Send your fax to Darcy Wildt at fax # 517-335-9855. Or, if you prefer, you can send an e-mail to wildtd@michigan.gov, list your name & address, and request to be removed from the newsletter mailing list.

Working together, we can make a difference!

PPV 23 (Pneumovax) Vaccination and Revaccination

Immunocompetent Persons	
Who needs pneumococcal vaccine?	**Who needs revaccination?**
Vaccinate all persons ≥ 65 yrs of age.	Revaccination is not recommended. However, if a person received a first dose of vaccine prior to age 65, give a single revaccination at age 65 if ≥ 5 years have elapsed since the previous dose.
Vaccinate persons 2-64 years of age with chronic cardiovascular disease (including congestive heart failure and cardiomyopathies) chronic pulmonary disease (including COPD and emphysema), or diabetes mellitus.	If a person received a first dose prior to age 65, give another single revaccination at age 65 if ≥ 5 years have elapsed since the previous dose.
Vaccinate persons 2-64 years of age with alcoholism, chronic liver disease (including cirrhosis) or cerebrospinal fluid leaks.	If a person received a first dose prior to age 65, give another single revaccination at age 65 if ≥ 5 years have elapsed since the previous dose.
Vaccinate persons 2-64 yrs of age with functional or anatomic asplenia (including sickle cell disease and splenectomy).	If a person is > 10 years of age, give a single revaccination if ≥ 5 years have elapsed. If patient is ≤ 10 years of age, consider revaccination 3 years later.
Vaccinate persons 2-64 years of age living in special environments, social settings or situations (including persons with cochlear implants, Alaskan natives, and certain American Indian populations).	If a person received a first dose prior to age 65, give another single revaccination at age 65 if ≥ 5 years have elapsed since the previous dose.
Immunocompromised Persons	
Vaccinate immunocompromised persons ≥ 2 years of age including those with HIV infection, leukemia, lymphoma, Hodgkin's disease, multiple myeloma, generalized malignancy, chronic renal failure or nephrotic syndrome, those receiving immunosuppressive therapy (including long term systemic corticosteriods) and those who have received organ or bone marrow transplant.	If a person is > 10 years of age, give a single revaccination if ≥ 5 years have elapsed. If patient is ≤ 10 years of age, consider revaccination 3 years later.

This table was adapted from "Prevention of Pneumococcal Disease," MMWR (Vol. 46: RR-8) April 4, 1997. December 16, 2002

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Studies fail to show that vaccines cause chronic diseases

Reprinted from the Immunization Action Coalition's online newsletter, the IAC Express (Issue 377, April 7, 2003)

"Addressing Parents' Concerns: Do Vaccines Cause Allergic or Autoimmune Diseases?" concludes that epidemiologic studies fail to show that vaccines cause chronic disease. The article appeared in the March issue of *Pediatrics*. It was written by Paul A. Offit, MD, of Children's Hospital of Philadelphia, the University of Pennsylvania School of Medicine, and the Wistar Institute of Anatomy and Biology, Philadelphia, and Charles J. Hackett, PhD, of the National Institutes of Allergy and Infectious Diseases. The abstract is reprinted below in its entirety.

Abstract

Anecdotal case reports and uncontrolled observational studies in the medical literature claim that vaccines cause chronic diseases such as asthma, multiple sclerosis, chronic arthritis, and diabetes. Several biological mechanisms have been proposed to explain how vaccines might cause allergic or autoimmune diseases. For example, allergic diseases might be caused by prevention of early childhood infections (the "hygiene hypothesis"), causing a prolongation of immunoglobulin E-promoting T-helper cell type 2-type responses. However, vaccines do not prevent most common childhood infections, and large well-controlled epidemiologic studies do not support the hypothesis that vaccines cause allergies. Autoimmune diseases might occur after immunization because proteins on microbial pathogens are similar to human proteins ("molecular mimicry") and could induce immune responses that damage human cells. However, wild-type viruses and bacteria are much better adapted to growth in humans than vaccines and much more likely to stimulate potentially damaging self-reactive lymphocytes. Consistent with critical differences between natural infection and immunization, well-controlled epidemiologic studies do not support the hypothesis that vaccines cause autoimmunity.

Flaws in proposed biological mechanisms that explain how vaccines might cause chronic diseases are consistent with the findings of many well-controlled large epidemiologic studies that fail to show a causal relationship.

Most articles in *Pediatrics* are available only to subscribers. We commend the editor of *Pediatrics* for making this important article available to the broad health care community on the Internet. To access a camera-ready (PDF) copy of the complete article from the *Pediatrics* website, go to:

www.pediatrics.org/cgi/reprint/111/3/653.pdf